

**MARIN COUNTY PROBATION DEPARTMENT
INFORMATION DOCUMENT**

I certify under penalty of perjury under the laws of the State of California that the following is a complete, true and accurate statement.

DEPENDANT'S SIGNATURE _____

DATE _____

MAIL TO: **MARIN COUNTY PROBATION DEPARTMENT**
3501 CIVIC CENTER DRIVE, ROOM 259
SAN RAFAEL, CALIFORNIA 94903

PHONE: 415-499-7542
ADMINISTRATIVE CASELOAD

☐ **PLEASE CHECK BOX IF YOU HAVE A CHANGE OF MAILING ADDRESS**

TRUE NAME _____

OTHER NAMES USED _____

LANGUAGE SPOKEN (IF OTHER THAN ENGLISH) _____ INTERPRETER NEEDED? ☐ YES ☐ NO

BIRTHDATE _____ BIRTHPLACE _____

CITY

STATE

COUNTRY

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

INCLUDE STATE

RESIDENCE _____

STREET ADDRESS

APT.#

CITY

STATE

ZIP

PHONE _____ MESSAGE/PAGER# _____

HOW LONG AT THIS ADDRESS? _____ HOW LONG IN BAY AREA? _____

LIVE WITH _____

INDICATE SPOUSE, CHILDREN, OTHER RELATIVES, ROOMMATES

MAIL ADDRESS (IF DIFFERENT FROM RESIDENCE) _____

STREET ADDRESS / PO BOX, APT NUMBER

CITY

STATE

ZIP

NAME OF PERSON WHO CAN REACH YOU IN AN EMERGENCY _____

PHONE _____

EMPLOYER _____

NAME OF EMPLOYER

ADDRESS OF EMPLOYER _____

STREET

CITY/TOWN

STATE

ZIP

SUPERVISOR _____ PHONE _____

WORK ADDRESS _____ PHONE _____

WHAT IS YOUR JOB? _____ HOW LONG HAVE YOU WORKED THERE? _____

CAN PROBATION CONTACT YOUR EMPLOYER/SUPERVISOR? ☐ YES ☐ NO

IF NO, WHY NOT? _____

LIST THE LAST JOB YOU HELD, IF NOT CURRENTLY EMPLOYED

EMPLOYER	ADDRESS	PHONE	BEGAN	LEFT	WHY
WHAT IS YOUR MONTHLY GROSS INCOME (BEFORE TAXES)?			\$		

DO YOU HAVE INCOME OTHER THAN FROM YOUR JOB? ☐ NO ☐ YES. LIST SOURCES AND AMOUNTS: _____

IF UNEMPLOYED, HOW ARE YOU SUPPORTED? ☐ FAMILY ☐ UNEMPLOYMENT INSURANCE ☐ AF
☐ GENERAL RELIEF ☐ SOCIAL SECURITY ☐ S.S.I. ☐ DISABILITY INSURANCE ☐ OTHER- EXPLAIN _____

ARE YOU ON A.O.W.P. (ADULT OFFENDER WORK PROGRAM)? ☐ NO ☐ YES. HOW MANY DAYS COMPLETED? _____

ARE YOU ON C.S.W. (COMMUNITY SERVICE WORK)? ☐ NO ☐ YES. HOW MANY HOURS COMPLETED? _____

DO YOU OWE RESTITUTION AND / OR FINES? ☐ NO ☐ YES

WHEN DID YOU MAKE YOUR LAST PAYMENT? _____

ARE YOU IN A TREATMENT OR COUNSELING PROGRAM? ☐ NO ☐ YES

IF YES, HOW OFTEN? ☐ DAILY ☐ WEEKLY ☐ TWICE PER MONTH ☐ MONTHLY ☐ OTHER - EXPLAIN _____

NAME OF COUNSELOR / PROGRAM _____

PHONE _____ ADDRESS _____

ARE YOU GOING TO A.A., N.A., OR C.A.? ☐ NO ☐ YES. HOW MANY TIMES PER WEEK? _____

ARE YOU ON PROBATION OR PAROLE ANYWHERE ELSE? ☐ NO

☐ YES. WHERE? _____ P.O. _____ PHONE _____

WHEN WAS YOUR LAST ARREST? _____ WHERE? _____

CHARGE(S) _____

WHAT VEHICLES DO YOU DRIVE?

YEAR _____ MAKE _____ OWNER _____ LICENSE _____

YEAR _____ MAKE _____ OWNER _____ LICENSE _____

YEAR _____ MAKE _____ OWNER _____ LICENSE _____

OTHERS _____

REMARKS / QUESTIONS _____
